

MONTANA CRANE & HOIST OPERATOR PROGRAM

301 South Park Avenue
PO Box 200517
Helena Montana 59620-0517
Phone: 406-841-2064 Fax: 406-841-2050
E-MAIL: dlibsdcr@mt.gov
WEBSITE: <http://www.craneoperator.mt.gov>

INSTRUCTION FOR APPLICATIONS

1. Complete the application in its entirety. Incomplete applications will be returned.
2. Submit the application with the required fee. Make checks or money orders payable to CRANE OPERATOR PROGRAM.
3. Certificate of Experience must be signed by the person you worked/working under; you cannot sign the certificate yourself.
4. Proof of physical obtained no later than 180 days is required before the applicant can be approved for examination. CDL and DOT physicals will be accepted following the above requirement.
5. Approved applicants will be notified with a confirmation letter advising them of the next scheduled examination within two (2) weeks after receiving the application.

EXAMINATION INFORMATION

The following categories are covered in the examination:

HAND SIGNALS
SAFE CRANE SET UP

LOAD CHARTS
ELECTRICAL DISTANCES

RIGGING SITUATIONS
BASIC CRANE SAFETY

SUGGESTED STUDY MATERIAL

MOBILE CRANE MANUAL
&
RIGGING MANUAL

available through Construction Safety Association of Ontario
21 Voyager Ct South
Etobicoke, Ontario, Canada M9W 5M7
Phone: 800-781-2726
Website: www.csao.org

IPT'S CRANE AND RIGGING HANDBOOK

available through IPT Publishing
PO Box 9590
Edmonton, Alberta, Canada T63 5X2
Phone: (780) 962-4548
Website: www.iptbook.com

AMERICAN NATIONAL STANDARDS
ANSI/ASME B30.5

available through American National Standards Institute
22 Law Drive, Box 2900
Fairfield, NJ 07007
Phone: 800-843-2763

EXAMINATION DATES

Examinations can be given at any time during local Job Service business hours. Applicants will receive an admission letter* from our office when their application has been approved which will include the contact information for the Job Service chosen by the applicant. Arrangements to take the exam must be made between the applicant and the Job Service. An applicant that fails the examination must wait 45 days before re-testing. *ALL CORRESPONDANCE IS THROUGH THE ADDRESS YOU SELECT AS YOUR PREFERRED MAILING ADDRESS.

RENEWAL INFORMATION

1. \$80.00 Annual Renewal Fee – 1st and 2nd Class License
2. \$50.00 Annual Renewal Fee – 3rd Class License
3. License expires ONE YEAR after the date of issuance.

NCCCO RECIPROCITY

1. Applicants for a 1st or 2nd Class license may provide proof of certification by the National Commission for the Certification of Crane Operators. (NCCCO)
2. Applicants with a valid certification are not required to sit for the examination.
3. Applicants with a valid certification are not required to complete the Certificate of Experience Affidavit.
4. Applicants are required to pay the applicable reciprocity fee at time of application, submit a copy of the front and back of their valid NCCCO license, and submit a completed physical not dated older than 180 days from the date of application.

REPLACEMENT OF LOST LICENSE

1. \$5.00

After your complete application is received to the above address, your application will be reviewed for approval. When all requirements have been met, you will receive an approval letter at your preferred mailing address with a contact phone number for the Montana Job Service office that you selected. You will then need to contact the office to schedule the examination with the phone number provided to you in your admission letter.

*Please note that it may take up to two (2) weeks for your application to be processed once it is received by this office. **Applications are processed in the order they are received.** It is your responsibility to ensure enough time for processing and examination before operating a crane. It is a violation of Montana Code Annotated to operate a crane without a valid license issued by the Department.*

Available Job Service Locations in Montana:

Anaconda	(406)563-3444	Billings	(406)652-3080	Bozeman	(406)582-9200
Butte	(406)494-0300	Cut Bank	(406)873-2191	Dillon	(406)683-4259
Glasgow	(406)228-9369	Glendive	(406)377-3314	Great Falls	(406)791-5800
Hamilton	(406)363-1822	Havre	(406)265-1386	Helena	(406)447-3200
Kalispell	(406)758-6200	Lewistown	(406)538-8701	Libby	(406)293-6282
Livingston	(406)222-0520	Miles City	(406)232-8340	Missoula	(406)728-7060
Polson	(406)883-5261	Shelby	(406)434-5161	Sidney	(406)433-1204
Thompson Falls	(406)827-3472	Wolf Point	(406)653-1720		

MONTANA CRANE & HOIST OPERATOR PROGRAM

301 S. Park, PO BOX 200517
HELENA, MT 59620-0517
(406) 841-2064 FAX (406) 841-2050
E-Mail: dlibsdcra@mt.gov
Website: <http://www.craneoperator.mt.gov>

QUALIFICATIONS, EXAMINATION INFORMATION AND FEE SCHEDULE FOR CRANE OPERATOR LICENSURE

In order to be eligible for the examination, an applicant must have the necessary experience requirements prescribed by the Department of Labor & Industry, as required by Title 50, Chapter 76, Montana Code Annotated.

CLASS	Appl/Lic Fees	RATED SIZE	MINIMUM EXPERIENCE
Third Class Crane Oiler	\$60.00	Move Truck Cranes only	Age 18 or older and pass written examination.
First Class Crane Hoist	\$100.00	Friction AND Hydraulic cranes over 17.5 tons	Age 18 or older, no less than 1 year (1000 hrs) experience operating equipment requiring a second class license, passage of a written exam, and submit a current physical taken within the last 180 days of application.
First Class Crane Hydraulic Hoist		Hydraulic cranes over 17.5 tons.	
Second Class Crane Hoist	\$100.00	Friction AND Hydraulic cranes between 6 – 17.5 tons.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of rated size equipment in this category (6 - 17.5 tons), passage of a written exam, and submit a current physical taken within the last 180 days of application.
Second Class Hydraulic & Boom Truck		Hydraulic cranes between 6 – 17.5 tons	
First Class Crane Gantry & Trolley	\$100.00	Gantry and Trolley crane of any capacity.	Age 18 or older, no less than 1 year (1000 hrs) experience on gantry or trolley cranes, passage of a written exam, and submit a current physical taken within the last 180 days of application.
First Class Mine Hoist	\$100.00	Mine hoists with engines delivering over 100 brake horsepower.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of mine hoists, passage of a written exam, and submit a current physical taken within the last 180 days of application.
Second Class Mine Hoist	\$100.00	Mine hoist with engines delivering under 100 brake horsepower.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of mine hoists with engines delivering up to 100 brake horsepower, passage of a written exam and submit a current physical taken within the last 180 days of application.
First Class Hoist	\$100.00	Hoist cranes over 17.5 tons.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of rated size equipment in this category, passage of a written exam, and submit a current physical taken within the last 180 days of application.
Second Class Hoist	\$100.00	Hoist cranes between 6 – 17.5 tons.	Age 18 or older, no less than 1 year (1000 hrs) experience in operation of rated size equipment in this category (6 – 17.5 tons), passage of a written exam, and submit a current physical taken within the last 180 days of application.
First Class Tower Crane	\$100.00	Tower cranes over 16 tons and 60 ft. boom.	Age 18 or older, no less than 1 year experience in the operation of tower cranes (over 16 tons and 60 ft. boom), passage of a written exam, and submit a current physical taken within the last 180 days of application.
Second Class Tower Crane	\$100.00	Tower cranes up to 16 tons and 60 ft. boom.	Age 18 or older, no less than 1 year experience in the operation of tower cranes (up to 16 tons and 60 ft. boom), passage of a written exam, and submit a current physical taken within the last 180 days of application.

MONTANA CRANE & HOIST OPERATOR PROGRAM

PO Box 200517
301 South Park Ave, 4th Floor
Helena MT 59620 - 0517
Phone: (406) 841-2064 Fax: (406) 841-2050
E-mail: dlibsdcr@mt.gov
Website: <http://www.craneoperator.mt.gov>

ILLEGIBLE AND INCOMPLETE APPLICATIONS WILL BE RETURNED.

(Please allow 14 days for processing from the date that the Department has a complete routine application)

TYPE OF LICENSE APPLYING FOR(select only one per application):

HOISTING OPERATOR: ☐ First Class ☐ Second Class

CRANE HOISTING: ☐ First Class ☐ Second Class

HYDRAULIC HOISTING OPERATOR ☐ (First Class)

MINE HOISTING: ☐ First Class ☐ Second Class

TOWER CRANE: ☐ First Class ☐ Second Class

HYDRAULIC & BOOM TRUCK: ☐ (Second Class)

GANTRY & TOWER: ☐ (First Class)

OILER: ☐ (Third Class)

APPLICATION BY: ☐ EXAMINATION (See Fee Schedule) ☐ NCCCO RECIPROCITY (\$80)

Social Security Number _____

Full Name _____
Last First Middle

Other Name(s) Known By _____

Gender _____ Date of Birth _____ Foreign ID Number _____

E-mail Address _____

Please indicate your preferred mailing address. (All correspondence will be mailed to this address)

____ Home _____ Business

Residential Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business (Present Employer) Information

Phone _____

Fax _____

Address _____

Zip Code _____

City, State _____

Business Name _____

If approved for examination, indicate the Job Service at which you wish to take the examination:

☐ Montana Job Service (Indicate City) _____

All applicants must answer the following questions.

If you answer "yes", provide a detailed explanation on a separate sheet of paper:

YES NO

- | | | | | |
|----|--|----|--------------------------|--------------------------|
| 1. | Have you ever previously applied for a license to practice in Montana?
If you answered yes, please provide the following:

Date: _____ Results _____

Type of license sought/received: _____ | 1. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. | Have you ever been denied licensure or the opportunity to take this profession's licensing examination in any state or country? If yes, attach an official document. | 2. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. | Has a licensing agency ever taken adverse or disciplinary action against your license? If yes, attach agency documents filed in the action including all complaints, initiating documents, orders, final orders, stipulations and consent and/or settlement agreements. | 3. | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. | Have you ever voluntarily surrendered, cancelled, forfeited or failed to renew a license during a disciplinary investigation of your practice, or entered into a consent agreement respecting your license during a disciplinary investigation? If yes, attach a detailed explanation identifying each occasion, the date and the substance of the allegations. | 4. | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. | Has any legal or disciplinary action been filed against you, which relates to the propriety of, or your fitness to practice this profession (e.g., malpractice, etc.)? If yes, attach a detailed explanation of each instance including the date of claim, name and address of party complaining, name and address of forum or court where claim was filed, docket or claim number and the substance of the allegations. | 5. | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. | Do you have criminal charges pending or have you ever plead guilty, forfeited bond, or been convicted of a crime (Including a plea of no contest or deferred prosecution) whether or not an appeal is pending? You may omit: (1) payment of traffic misdemeanor fines and (2) charges or convictions prior to your 16 th birthday. If yes please attach a detailed explanation. | 6. | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. | Have you any physical or mental condition, which has adversely affected your ability to practice this profession, including but not limited to, a contagious or infectious disease involving serious risk to the public? If yes, attach a detailed explanation. | 7. | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. | Have you used alcohol or any other mood-altering substance in a manner, which adversely affected your ability to practice this profession? If yes, attach a detailed explanation. | 8. | <input type="checkbox"/> | <input type="checkbox"/> |

Crane licenses currently held in Montana or another state. This includes NCCCO. (Attach copy of license):

State	License Number	Date Issued	Class/Type of License	Expiration Date

CERTIFICATE OF EXPERIENCE AFFIDAVIT

Submit this form with your application after it has been signed by persons who have knowledge of your experience with cranes or hoists. Applicants applying by reciprocity by submitting a valid NCCCO license are not required to complete this form.

Name of Applicant: _____ Social Security Number: _____

Employer/Business Name: _____

Employer Business Address: _____
Street City State Zip

List all types of cranes or hoists that the above-named applicant has had experience operating.

From: MM/YY	To: MM/YY	FIRM or COMPANY NAME	TYPE OF CRANE or HOIST	STYLE OF CRANE:	OPERATING CAPACITY	HOURS OF EXPERIENCE
				<input type="checkbox"/> Friction <input type="checkbox"/> Tower <input type="checkbox"/> Hydraulic <input type="checkbox"/> Mine		
				<input type="checkbox"/> Friction <input type="checkbox"/> Tower <input type="checkbox"/> Hydraulic <input type="checkbox"/> Mine		
				<input type="checkbox"/> Friction <input type="checkbox"/> Tower <input type="checkbox"/> Hydraulic <input type="checkbox"/> Mine		
				<input type="checkbox"/> Friction <input type="checkbox"/> Tower <input type="checkbox"/> Hydraulic <input type="checkbox"/> Mine		
				<input type="checkbox"/> Friction <input type="checkbox"/> Tower <input type="checkbox"/> Hydraulic <input type="checkbox"/> Mine		

Please use an additional sheet if necessary.

I hereby certify that the above-named applicant has obtained the necessary experience in the operation of the equipment specified above.

Legal Signature of Person Making Statement

Date

For Verification upon oath or affirmation:

State of _____

(County) of _____

Signed and sworn to (or affirmed) before me on _____ by

(name of person making statement) _____

(Signature of notarial officer)

(seal)

(Title and Rank)

(Residing at)

My Commission expires on _____

AFFIDAVIT

I authorize the release of information concerning my education, training, record, character, license history and competence to practice, by anyone who might possess such information, to the Montana Crane Operator Program.

I hereby declare under penalty of perjury the information included in my application to be true and complete to the best of my knowledge. In signing this application, I am aware that a false statement or evasive answer to any question may lead to denial of my application or subsequent revocation of licensure on ethical grounds. I have read and am familiar with the applicable licensure laws of the State of Montana and instructions to applicants for licensing. I accept the rules and procedures outlined in these documents as the basis for my application.

Legal Signature of Licensed Applicant

Date

MONTANA CRANE & HOIST OPERATOR PROGRAM

301 S. Park, P.O. Box 200517
Helena, Montana 59620-0517
(406) 841-2064 FAX (406) 841-2050
E-mail: dlibsdcra@mt.gov
Website: <http://www.craneoperator.mt.gov>

CRANE/HOIST PHYSICAL EXAMINATION

IMPORTANT NOTICE: *First and Second Class Crane/Hoist Operators or applicants require a biennial physical before issuance or renewal of license. New applicants must have a physical done within the last 180 days when submitting an application. Use this form for your physician to report your physical examination. Be sure your physician completes and signs this form before sending it to us along with your license or renewal fee payment. Failure to have this physical examination submitted to us will result in delay in issuance or renewal of your license. Physical Examination Authority refer to MCA 50-76-103(2), (b), (ii).*

CRANE/HOIST OPERATOR OR APPLICANT: _____
First Middle Last

Social Security Number: _____ License Number: _____
(If Applicable)

Physical Examination must be complete under the mandated criteria on the reverse side of this form.

ATTENDING PHYSICIAN COMMENTS: _____

EXAMINER INFORMATION:

Name of Examiner(please print): _____

Address: _____
Street City State Zip Code

License #: _____ Professional Category: _____
(i.e., Physician, Physician Assistant)

I, the undersigned, ☐ DO ☐ DO NOT find in my professional opinion, that the above named applicant is physically competent to safely operate crane/hoisting machinery.

Signature

Date

CRANE / HOIST PHYSICAL EXAMINATION MANDATED CRITERIA

Operators shall meet the following physical qualifications:

1. Vision of at least 20/30 Snellen in one eye and 20/50 in the other, with or without corrective lenses.
2. Ability to distinguish colors, regardless of position, if color differences are required for operation.
3. Adequate hearing, with or without hearing aid, for specific operation.
4. Sufficient strength, endurance, agility, coordination, and speed of reaction to meet the demands of equipment operation.
5. Operators should have normal depth perception, field of vision, reaction time, manual dexterity, coordination, and no tendencies to dizziness or similar undesirable characteristics.

Evidence of physical defects or emotional instability which would render a hazard to operator or others, or which in the opinion of the examiner could interfere with the operator's performance, may be sufficient cause for disqualification. In such cases, specialized clinical or medical judgments and tests may be required.

Evidence that an operator is subject to seizures or loss of physical control shall be sufficient reason for disqualification. Specialized medical tests may be required to determine these conditions.

***When physically or mentally unfit, an operator shall not engage in the operation of equipment.**